

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER (601) 576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL bob.fagan@msdh.ms.gov	SUBMIT DATE 5/29/14	Name or number of rule(s): Minimum Standards for Institutions for the Aged or Infirm – Ch.45		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Modification of the Informal Dispute Resolution rule for the three person panel to consist of a provider representative of the long term care community for the facilities of the Aged or Infirm. This rule was originally filed on 5/23/14 along with Chapters 47 & 48 of Part 16. However, Chapter 45 was subsequently withdrawn on 5/29/14. It is now being refilled with a minor change to Rule 45.57.1 made for clarification purposes on 5/29/14.

Specific legal authority authorizing the promulgation of rule: §43-11-13

List all rules repealed, amended, or suspended by the proposed rule: Rule (s): 45.57.1

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for these rules on Date: 7/2/2014 Time: 10:00 am - AGED or INFIRM

Place: MSDH; 570 East Woodrow Wilson Drive; Jackson, MS – Osborne Auditorium

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Director of Health Administration

Signature of person authorized to file rules: *Mitchell Adcock*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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	Accepted for filing by <u>#20575</u> <u><i>AW</i></u>	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.